City of Grand Rapids AUTHORIZATION TO DIRECT WITHDRAW TAXES

Please complete and return to the City Income Tax Office

Bank Routing Number Bank Account Number Start Date of first withdrawal (Example 15th of each month or 3th Friday of each month) I authorize the City of Grand Rapids to withdraw my Grand Rapids Taxes. If funds are not available I will be charged a returned I fee of \$30. I understand this authority will remain in effect until I give written notification of cancellation or balance is paid in full. Signature Date ***********************************			
Bank Routing Number Bank Account Number	NAME (please print)	SSN or Alt ID	
Reoccurrence of withdrawal (Example 15 th of each month or 3 rd Friday of each month) I authorize the City of Grand Rapids to withdraw my Grand Rapids Taxes. If funds are not available I will be charged a returned lefee of \$30. I understand this authority will remain in effect until I give written notification of cancellation or balance is paid in full. Signature Date ***********************************	Amount to be withdrawn	Number to reach you between 8am – 5pm	
(Example 15 th of each month or 3 rd Friday of each month) I authorize the City of Grand Rapids to withdraw my Grand Rapids Taxes. If funds are not available I will be charged a returned to fee of \$30. I understand this authority will remain in effect until I give written notification of cancellation or balance is paid in full. Signature Date ***********************************	Bank Routing Number	Bank Account Number	
I understand this authority will remain in effect until I give written notification of cancellation or balance is paid in full. Signature	Reoccurrence of withdrawal (Example 15 th of each month or 3 rd Friday of each month)	Start Date of first withdrawal	
Signature Date ************** Direct Withdrawal Cancellation I hereby cancel my authorization to direct withdraw taxes. Account Number		d Rapids Taxes. If funds are not available I will be	e charged a returned bank
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Direct Withdrawal Cancellation I hereby cancel my authorization to direct withdraw taxes. Account Number	Signature	Date	
I hereby cancel my authorization to direct withdraw taxes. Account Number	***********	*******	
Account Number	Direct V	Withdrawal Cancellation	
	I hereby cancel my authorization to direct withdraw taxes.		
Signature Date	Account Number		
Signature Date			
	Signature	Date	

City of Grand Rapids Income Tax Office

PO BOX 347

GRAND RAPIDS, MI 49501

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Email: grincometax@grcity.us